

Soccer 2018 Registration Form

Participant Contact Info: PLEASE SIGN MEDICAL RELEASE ON BACK

Last Name _____ First Name _____ MI _____ Gender _____ Grade (2018 school year) _____

Date of Birth _____ (Month/Day/Year)

Address _____

City _____ State _____ Zip _____

Church (if you regularly attend church, which one?) _____

Participant Information Notes (if any)

Parent/Guardian Information:

Father/Guardian _____ Phone Number(s) _____

Father/Guardian Email _____

Mother/Guardian _____ Phone Number(s) _____

Mother/Guardian Email _____

T-Shirt Size:

YS YM YL AS AM AL

Family Life Center Medical Release

(18 years old and younger)

Participant Name _____ **Date of Birth** _____

Address _____ City _____ Zip Code _____

Phone Number _____

Emergency Contact(s) WHILE KIDS ARE PLAYING

Name _____ Phone Number(s) _____

Name _____ Phone Number(s) _____

For Parent/Guardian:

Does your child have any allergies or medical conditions? _____ If yes, please explain. _____

Emergency Authorization:

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the FLC staff and volunteers, acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be contacted, please reach the above emergency contact.

Authorization Signature: _____

I, the parent or guardian of the above named individual, acknowledge that participation in FLC events necessarily involves risk of physical injury. I further acknowledge that the programs of South Haven are primarily administered by volunteers, rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting voluntary participation of said individual in its programs, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless South Haven and its employees, volunteers and other representatives or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in an South Haven sponsored event, including physical injury by negligence of any official, referee or coach while performing his or her duties during any practices or games. I attest that my child is physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event or game officials, sponsors, representatives and/or volunteers. I give my permission for free use of my child's name and pictures in broadcasts, telecasts or written accounts of any game, practice or participation in any South Haven sponsored event.

I will help maintain a Christ-honoring atmosphere in the FLC and all sponsored activities. I have read and agree to the FLC policies and guidelines.

Signature of Parent or Guardian: _____ **Date:** _____